

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/648641</u> ⁸⁴								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
Filing			\$							
Amendment			\$							
Extension of Time			\$							
Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/> Petition		3/8	\$ 130							
Issue			\$							
Cert of Correction/Terminal Disc.			\$							
Maintenance			\$							
Assignment			\$							
Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$							
		8 TO BE REFUNDED BY: <u>1302</u>								
10 REASON:		<input checked="" type="checkbox"/> Treasury Check								
Overpayment		Credit Deposit A/C #:								
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
<input checked="" type="checkbox"/> No Fee Due (Explanation):										
<u>OFFICE MISPLACED PAGES</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>GILSON</u>		TITLE: <u>ATTY</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>3059199</u>								
OFFICE: <u>OP</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>3/26/04</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B